

# **Applicant Background Information**

Please enter a check mark by the entity which best describes the applicant and complete the requested information. You must choose one of the following.

#### Corporation

1.	Parent Corporation		
	Name:		
	Mailing Address:		
	City/Town:	State:	Zip Code: -
	Business Phone:	ext.	Fax:
	Contact Person:	Title:	
2.	Subsidiary Corporation:		
	Name:		
	Mailing Address:		
	City/Town:	State:	Zip Code: -
	Business Phone:	ext.	Fax:
	Contact Person:	Title:	
3.	Directors:		
	Name:		
	Mailing Address:		
	City/Town:	State:	Zip Code: -
	Business Phone:	ext.	Fax:
	Name:		
	Mailing Address:		
	City/Town:	State:	Zip Code: -
	Business Phone:	ext.	Fax:
	Please enter a check mark, if additional s sheet(s) to this sheet with the required in		
4.	Officers:		
	Name:		
	Mailing Address:		
	City/Town:	State:	Zip Code: -
	Business Phone:	ext.	Fax:
	Please enter a check mark, if additional s sheet(s) to this sheet with the required in		

# ☐ Limited Liability Company

1.	List each member.		
	Name:		
	Mailing Address:		
	City/Town:	State:	Zip Code: -
	Business Phone:	ext.	Fax:
	Name:		
	Mailing Address:		
	City/Town:	State:	Zip Code: -
	Business Phone:	ext.	Fax:
	Name:		
	Mailing Address:		
	City/Town:	State:	Zip Code: -
	Business Phone:	ext.	Fax:
	Please enter a check mark, if additional s sheet(s) to this sheet with the required in		
2.	List any manager(s) who, through the articles of organization, are vested the management of the business, property and affairs of the limited liability company.		
	Name:		
	Mailing Address:		
	City/Town:	State:	Zip Code: -
	Business Phone:	ext.	Fax:
	Name:		
	Mailing Address:		
	City/Town:	State:	Zip Code: -
	Business Phone:	ext.	Fax:
	Name:		
	Mailing Address:		
	City/Town:	State:	Zip Code: -
	Business Phone:	ext.	Fax:
	Please enter a check mark, if additional s sheet(s) to this sheet with the required in		

#### ☐ Limited Partnership

1.	General Partners:		
	Name:		
	Mailing Address:		
	City/Town:	State:	Zip Code: -
	Business Phone:	ext.	Fax:
	Name:		
	Mailing Address:		
	City/Town:	State:	Zip Code: -
	Business Phone:	ext.	Fax:
	Name:		
	Mailing Address:		
	City/Town:	State:	Zip Code: -
	Business Phone:	ext.	Fax:
	Please enter a check mark, if additional sheet(s) to this sheet with the required in		
2.	Limited Partners:		
	Name:		
	Mailing Address:		
	City/Town:	State:	Zip Code: -
	Business Phone:	ext.	Fax:
	Name:		
	Mailing Address:		
	City/Town:	State:	Zip Code: -
	Business Phone:	ext.	Fax:
	Name:		
	Mailing Address:		
	City/Town:	State:	Zip Code: -
	Business Phone:	ext.	Fax:
	Please enter a check mark, if additional sheet(s) to this sheet with the required in		

# ☐ General Partnership

1.	General Partners:				
	Name:				
	Mailing Address:				
	City/Town:		State:	Zip Code: -	
	Business Phone:		ext.	Fax:	
	Name				
	Name:				
	Mailing Address:		Ctata	7in Codo	
	City/Town:		State:	Zip Code: -	
	Business Phone:		ext.	Fax:	
	Name:				
	Mailing Address:				
	City/Town:		State:	Zip Code: -	
	Business Phone:		ext.	Fax:	
	Name:				
	Mailing Address:		_		
	City/Town:		State:	Zip Code: -	
	Business Phone:		ext.	Fax:	
	Name:				
	Mailing Address:				
	City/Town:		State:	Zip Code: -	
	Business Phone:		ext.	Fax:	
	Name:				
	Mailing Address:				
	City/Town:		State:	Zip Code: -	
	Business Phone:		ext.	Fax:	
	Name:				
	Mailing Address:				
	City/Town:		State:	Zip Code: -	
	Business Phone:		ext.	Fax:	
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			ditional sheets are neces equired information as su	sary. If so, label and attach addipplied above.	tional

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# **Voluntary Association**

Name:  Mailing Address:  City/Town:  Business Phone:  ext.  Name:  Mailing Address:  City/Town:  State:  Zip Code:   Name:  Mailing Address:  City/Town:  State:  Ext.  Fax:   Name:  Mailing Address:  City/Town:  State:  Ext.  State:  Ext.  Fax:   Name:  Mailing Address:  City/Town:  State:  State:  Zip Code:  -  Business Phone:  ext.  State:  Zip Code:  -  Name:  Mailing Address:  City/Town:  State:  Ext.  Fax:   Name:  Mailing Address:				
City/Town:       State:       Zip Code:       -         Business Phone:       -       ext.       Fax:       -         Name:       Mailing Address:       State:       Zip Code:       -         Business Phone:       -       ext.       Fax:       -       -         Name:       Mailing Address:       State:       Zip Code:       -         Business Phone:       -       ext.       Fax:       -       -         Name:				
Business Phone: ext. Fax:  Name:  Mailing Address:  City/Town: State: Zip Code: -  Business Phone: ext. Fax:  Name:  Mailing Address:  City/Town: State: Zip Code: -  Ext. Fax:  Name:  Mailing Address:  City/Town: State: Zip Code: -  Business Phone: ext. Fax:				
Name:  Mailing Address:  City/Town:  Business Phone:  ext.  Name:  Mailing Address:  City/Town:  State:  Zip Code:   Name:  State:  Ext.  Fax:   Name:  Name:  Name:  Name:				
Mailing Address:  City/Town: State: Zip Code: -  Business Phone: ext. Fax:  Name:  Mailing Address:  City/Town: State: Zip Code: -  Business Phone: ext. Fax:  Name:				
City/Town: State: Zip Code: - Business Phone: ext. Fax:  Name: Mailing Address: City/Town: State: Zip Code: - Business Phone: ext. Fax:  Name:				
Business Phone: ext. Fax:  Name:  Mailing Address:  City/Town: State: Zip Code: -  Business Phone: ext. Fax:  Name:				
Name:  Mailing Address:  City/Town:  Business Phone:  ext.  Name:				
Mailing Address:  City/Town: State: Zip Code: -  Business Phone: ext. Fax:  Name:				
City/Town: State: Zip Code: -  Business Phone: ext. Fax:  Name:				
Business Phone: ext. Fax: Name:				
Name:				
Moiling Addross:				
Mailing Address.				
City/Town: State: Zip Code: -				
Business Phone: ext. Fax:				
Name:				
Mailing Address:				
City/Town: State: Zip Code: -				
Business Phone: ext. Fax:				
Please enter a check mark, if additional sheets are necessary. If so, label and attached sheet(s) to this sheet with the required information as supplied above.	ch additional			
□ Individual or Other Business Type	Individual or Other Business Type			
1. Name:				
Mailing Address:				
City/Town: State: Zip Code: -				
Business Phone: ext. Fax:				
2. State other names by which the applicant is known, including business names.	tate other names by which the applicant is known, including business names.			
Name:				
Please enter a check mark, if additional sheets are necessary. If so, label and attach additional sheet(s) to this sheet with the required information as supplied above.				

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